

**CLAIM - VOUCHER**

State Form 11294 (R 4/1-96)

Approved by State Board of Accounts, 1996

Name of Agency Personnel who Prepared this Claim.

Name:

Phone:

**Instructions:** This agency is requesting disclosure of your Social Security Number in accordance with I.C. 4-1-8.

Vendor Information		Agency Information	
Document Number:	Date (Month, Day, Year):	Agency Name: Indiana Department of Commerce	
Vendor Name:		Agency Number: 260	
Address (Number, Street):		Social Security Number	1099 Code
Address (P.O. Box Number):		Federal I.D. Number	1099 Code
City, State and Zip Code:		Vendor Number:	

## Area Below to Be Completed by Agency

Date	Amount	Fund	Object	Center	Loan/Inv/Nbr	Qty.	Unit	Description
		6000	572500	11380	CF-			

**GROSS AMOUNT \$**Furnished to: ( Name of State Agency)  
Indiana Department of Commerce

I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.

Authorized Signature of State Agency

Date (Month, Day, Year)

Pursuant to the provisions and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

Signature of Vendor